

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/009231** FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4	3			1		
5	①			1		
6	1			1		
7	1			1		
8	1		1			
9	1			1		
10	1			1		
11	1			1		
12	1			1		
13	1			1		
14	6			1		
15	6			1		
16	①			1		
17	1			1		
18	①			1		
19	1			1		
20	1			1		
21	2			1		
22	1		1			
23	1			1		
24	2			1		
25	2			1		
26	①			1		
27	1			1		
28	1			1		
29	1			1		
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49						
50						
TOTAL IND.			2			
TOTAL DEP.		27				
TOTAL CLAIMS	████████	29	████████	████████	████████	████████

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
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99								
100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS	████████	████████	████████	████████	████████	████████	████████	████████

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell  
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